

AD-333 (Rev. 04/18)				ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER							
1. NAME Lisa Ruben Rubin				2. PHONE NUMBER 917-608-2038		3. DATE 10/12/2021	
4. DELIVERY ADDRESS OR EMAIL lisa.rubin@nbcuni.com				5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER 3:21-mj-138		9. JUDGE Tumble		10. FROM 10/12/2021			
12. CASE NAME US V. TORRONE, Jonathan		13. CITY Martinsburg		14. STATE WV			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTIONS		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> JURY INSTRUCTIONS				Initial Hearing		10-12-2021	
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Remittal of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
1/2 Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
1/2 Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	14		38.25 10150	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (do not sign additional)				ESTIMATE TOTAL		38.25 10150	
18. SIGNATURE <i>[Signature]</i>				PROCESSED BY			
19. DATE 10/12/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY Kate Slayden				COURT ADDRESS 217 W. King Street, Rm. 214 Martinsburg, WV 25401			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED		10/12/2021	LR	TOTAL CHARGES		38.25	
TRANSCRIPT RECEIVED				LESS DEPOSIT		38.25	
OWNING PARTY NOTIFIED				TOTAL REFUND			
TO PICK UP TRANSCRIPT				TOTAL DUE		38.25 10150	
PARTY RECEIVED TRANSCRIPT		10-12-21	KS				
DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY							